

# **Town of Rocky Hill**



## **Application Packet**

20: 8/04

## APPLICATION FOR EMPLOYMENT

TOWN OF ROCKY HILL  
761 Old Main Street  
Rocky Hill, Conn. 06067

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED

### GENERAL INFORMATION:

Name \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
Last First

Email Address: \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

EMPLOYMENT DESIRED: (you must state a desired position)

Position: \_\_\_\_\_ Available start \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_

### PERSONAL INFORMATION:

Do you reside in Rocky Hill? Yes \_\_\_ How long \_\_\_ No \_\_\_

Are you a U.S. citizen or legally eligible to work in the USA?  
Yes \_\_\_ No \_\_\_ (an I-9 verification form is required)

Did you serve in the Military? If yes, please give dates of service and  
branch of the military \_\_\_\_\_

Have you ever been employed by the Town? Yes \_\_\_ No \_\_\_

When and in which department \_\_\_\_\_

Do you have a family member employed by the Town? Yes \_\_\_ No \_\_\_

Name of family member(s) \_\_\_\_\_

Name, Phone number and Relationship of Person to contact in an emergency  
\_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_, If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged by an employer? Yes \_\_\_ No \_\_\_

Have you ever received a motor vehicle violation? Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_

Connecticut Driver's License ID# \_\_\_\_\_

EDUCATION:

How far did you go in school? \_\_\_\_\_

Did you receive a High School Diploma? \_\_\_\_\_ Year of graduation \_\_\_\_\_

Name and address of High School \_\_\_\_\_

List any and all additional education, training, etc.

School	From	To	Course	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For Clerical applicants:

Do you use and have computer knowledge? Yes \_\_\_\_\_ NO \_\_\_\_\_

If so, please list programs you have familiarity in \_\_\_\_\_

Do you have office experience? Please explain \_\_\_\_\_

Do you have any special office skills? \_\_\_\_\_

For non-clerical applicants:

Please list any and all technical, mechanical, vocational skills and equipment you can operate \_\_\_\_\_

Do you have a CDL license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give ID# \_\_\_\_\_

EMPLOYMENT RECORD:

This section must be completed even if you are attaching a resume

Most recent Employer: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Full or Part time: \_\_\_\_\_

Dates of employment \_\_\_\_\_

Position held: \_\_\_\_\_

Brief description of duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Full or Part time: \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Position held: \_\_\_\_\_  
Brief description of duties \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Full or Part time: \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Position held: \_\_\_\_\_  
Brief description of duties \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

If you need additional space, please follow the above format on a separate sheet of paper.

REFERENCES: One MUST be a former supervisor, please indicate which person is your former supervisor

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Town of Rocky Hill enforces a Zero Tolerance Drug and Alcohol policy. Therefore, you may be required to undergo a urine drug/alcohol screening and/or be subjected to a breathalyzer prior to or during the course of your employment with the Town. The Town's policy and testing is according to law. In addition, some positions are considered "safety-sensitive" and those positions are mandated by law, to undergo routine random testing.

Some employment positions shall require a background, financial and/or criminal investigation.

I have applied to the Town of Rocky Hill for employment. I hereby give the Town permission and full authority to investigate my background. I hereby authorize the release of any such information to the Town of Rocky Hill upon their request.

I have read the contents of this application and fully understand it.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Applicant's signature

## EQUAL OPPORTUNITY QUESTIONNAIRE

The Town of Rocky Hill is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis as prohibited by law.

You are requested to complete this form so that the Town of Rocky Hill may maintain applicant statistics for the EEOC reports. This form will be detached when your application is filed and will not be considered in the employment process. You are not required to complete this form in order for your employment application to be considered.

NAME(optional) \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_

Do you need special accommodations? \_\_\_\_Yes \_\_\_\_No

Are you a rocky Hill resident? \_\_\_\_Yes \_\_\_\_No

Describe yourself:

\_\_\_\_Caucasean

\_\_\_\_Black

\_\_\_\_Hispanic

\_\_\_\_Asian or Pacific Islander

\_\_\_\_American Indian/Alaskan Native

\_\_\_\_Other; describe \_\_\_\_\_

How did you learn about this job opening:

\_\_\_\_Hartford Courant

\_\_\_\_Other print media

\_\_\_\_Rare Reminder

\_\_\_\_Internet

\_\_\_\_Professional Journal

\_\_\_\_State of Ct. Job Bank

\_\_\_\_Employment service

\_\_\_\_Town employee

\_\_\_\_Other; please specify \_\_\_\_\_



# Town of Rocky Hill

761 OLD MAIN STREET • ROCKY HILL, CONNECTICUT 06067 • (860) 258-2740 • FAX (860) 258-2737  
PERSONNEL DEPARTMENT

## GENERAL AUTHORIZATION / RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character and work habits. Further, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment and other experiences. Workers Compensation information will be requested in compliance with the Americans With Disability Act. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be advised and be given the name of the original source of the information. This authorization is executed with full knowledge and understanding that the employer and others acting on it's behalf will take measures to protect the aforementioned against unauthorized disclosure to any parties not having legitimate need for it in the discharge of official business of the employer and will act in good faith to be in compliance with the FCRA and the Drivers Privacy Protection Act. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau, employer or insurance company contacted by us, directly or indirectly by any information service bureaus acting on behalf of employer to furnish the above mentioned information.

Print Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(last) (first) (middle)

Previous Name(s) \_\_\_\_\_ date of name change(s) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Current Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(City) (ST) (Zip)

Number of years and months you resided at above: \_\_\_\_\_

Previous Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(City) (ST) (Zip)

Number of years and months you resided at above: \_\_\_\_\_

Applicant / Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*\*\*\*\*

Company Performing Background: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please select:

Criminal Records/SS Verify ☒

Criminal and Credit ☐

Criminal Credit & Driving ☐

Federal Criminal Check ☐

Resume Verification ☐

Driving Record ☐

Drug Screening ☐

Special Instructions \_\_\_\_\_

Education Verification ☐

Employment Verification ☐

Worker's Compensation ☐

Employment Verification ☐

Civil Litigation Search ☐

Professional License Verification ☐

Birthplace of the Brigantine "Minerva"

